

FORM NO. 5
 MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Abbeville
 or
 Inc. Town of Registration District No. 100 Registered No. 68
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child George Austin Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 1st</u> , 191 <u>5</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>George Austin</u>			(14) NAME BEFORE MARRIAGE <u>Mary McClinton</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville, S.C.</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Abbeville, S.C.</u>			(18) BIRTHPLACE <u>Abbeville County S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of the mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:25 o'clock A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Powers, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Abbeville, S.C.

Given name added from a supplemental report
 191....

 Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 2 1915 (28) J. H. Smith Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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